

Reverse side blank

STATE OF TEXAS		CERTIFICATE OF DEATH	
1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE a. STATE <u>Texas</u> b. COUNTY <u>Dallas</u>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <u>Dallas</u>		c. CITY OR TOWN (If outside city limits, give precinct no.)	
c. LENGTH OF STAY in 1 b. <u>1 day</u>		d. STREET ADDRESS (If rural, give location)	
d. NAME OF (If not in hospital, give street address) <u>Paul</u>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>John</u>		4. DATE OF DEATH <u>22 Nov 1962</u>	
5. SEX <u>Male</u>		6. DATE OF BIRTH <u>1902</u>	
7. COLOR OR RACE <u>White</u>		8. AGE (In years last birthday) <u>60</u>	
9. MARRIAGE STATUS <u>Never Married</u>		10. AGE (In years last birthday) <u>60</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>5387 Harry Hines</u>	
17. INFORMANT <u>Same</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Stroke of Brain</u>		INTERVAL BETWEEN DEATH AND STATE <u>1 hr</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour <u>11:00</u> Month <u>Nov</u> Day <u>22</u> Year <u>1962</u>		20d. INJURY OCCURRED <u>While at work</u>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>Same</u>		20f. CITY, TOWN, OR LOCATION <u>Same</u>	
20g. COUNTY <u>Same</u>		20h. STATE <u>Same</u>	
21. I hereby certify that I attended the deceased from <u>11:00</u> to <u>1:00</u> and last saw the deceased at <u>1:00</u> on <u>22 Nov 1962</u> at <u>1:00</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Dr. W. H. Hines</u>	
22b. ADDRESS <u>5387 Harry Hines</u>		22c. DATE SIGNED <u>22 Nov 1962</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. NAME OF CEMETERY OR CREMATORY	
23c. LOCATION (City, town, or county) <u>Same</u>		23d. FUNERAL DIRECTOR'S SIGNATURE	
25a. REGISTRAR'S FILE NO.		25b. DATE REC'D BY LOCAL REGISTRAR	
25c. REGISTRAR'S SIGNATURE			

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